BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

pplication or Docket Numb r

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LC&ST-2KOZ

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			50					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			50 minus 20=		• 30			X\$ 9=	270	OR	X\$18=	
INDEPENDENT CLAIMS			9 minus 3 =		6			X40=	240	ÓR	X80= ·	
MU	LTIPLE DEPENI	DENT CLAIM P	RESENT					+135=		OR	+270=	
* If	th differençe i	in column 1 is	less than zero, enter "0" in column 2			olumn 2	ı	TOTAL	865	OR	TOTAL	
•	-CI	LAIMS AS A	MENDED	ENDED - PART II				Ċ,		• •	OTHER	THAN
(Column 1)			(Column 2)			(Column 3)		SMALL	ENTITY	OR .	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total =	•	Minus	**		=		X\$ 9=	٠.	OR	X\$18=	•
MEI	Independent	•	Minus	***		=		X40=	3	OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
Control of the state of the sta							` <u>.</u>	TOTAL			TOTAL	-
	(Column 1) (Column 2) (Column 3)							ADDIT. FEE	,	JOH	ADDIT. FEE	
(146) (246)		(Column 1) CLAIMS		HIG	HEST	7	1 1		ADDI-	I I	a -	ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY FOR	PRESENT		RATE	TIONAL FEE		RATE	TIONAL FEE
DMC	Total	1.	Minus	**		=]	X\$ 9=		OR	X\$18=	
ME	Independent	• /	Minus	***				X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPEN				T CLAIM		ı	+135=		OR	+270=	
								TOTAL			TOTAL	
								ADDIT. FEE		OR	ADDIT. FEE	
		(Column 1)		٠.	•		•					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus .	**		=		X\$ 9=	_	OR	X\$18=	
	Independent	andangagaga supposition.	Minus	***		=	J İ	X40=	-	OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA						1					
	If all		+135=		OR	+270=						
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid F r" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
· · · ·	'If the "Highest Nu The "Highest Num	mper Previously haber Previously Pa	au For (Total o	r Indepen	dent) is the	e highest numbe	er fou	and in the ap	propriate bo	x in ∞	lumn 1.	